

# THE COMMONWEALTH OF MASSACHUSETTS

# **Division of Insurance**

One South Station

Boston, Massachusetts 02110-2208

# APPLICATION FOR INDIVIDUAL REINSURANCE INTERMEDIARY LICENSE

**INSTRUCTIONS** -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Return this application with a check for \$200.00 made payable to the Division of Insurance

### NOTE: fees are non-refundable

Please Note – Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.

#### Non-Residents must also:

• Provide an original certificate of good standing, not more than 90 days old, from their home state.

# If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance

### **Producer Licensing Section**

One South Station Boston, Massachusetts 02110 - 2208

#### Please Print or Type To the Commissioner of Insurance: New Application Renewal Application Application is hereby made for a Reinsurance Intermediary License issued to: Name of Applicant: 1. First Middle Jr./Sr. 2. Capacity in Which You Intend To Act: ( ) Reinsurance Intermediary Broker ( ) Reinsurance Intermediary Manager 3. Social Security #: Date of Birth: 5. Home Address: City Street 7. **Business Address:** City 9. Check One: ( ) Massachusetts Resident License ) Nonresident License 10. Lines of Insurance: ( ) Accident & Health ) Life ( ) Fire & Casualty Note Regarding Resident Reinsurance Intermediary Applicants: Each applicant for a license to act as a resident reinsurance intermediary must have been licensed as an insurance agent, broker or producer for the lines for which he intends to transact business as a reinsurance intermediary for a period of at least three years prior to applying for such a license. Such insurance producer license must be maintained in order for a resident reinsurance intermediary license to be maintained. 11. Residence (last 10 years) City Street State Residence (last 10 years) Street Occupation and Business Affiliations (last 10 years): 12. From **Duties or Title:** / / Employer's Name: Address:

City

State

Zip

Street

From	/ /	to / /	Duties or Title:							
Employer	's Name:									
Address:	_			9						
	1 . 11 . 10	Street	City	State	Zip					
	ore details, if no	<u>-</u>		· M 1 40 W ( ) N						
If yes, wh		act, as a reinsurance in	itermediary from an address i	in Massachusetts? Yes ( ) N	0( )					
			p or an officer, director or en lassachusetts? Yes ( )	nployee of a corporation which No ( )	n acts, or intends to act as a					
If yes, giv	e name and ad	dress of partnership or	corporation							
managem		activities of the applica			irect or cause to be directed, the ontrol or controlling in M.G.L. c. 175,					
Name:			Address:							
Name:			Address:							
Explain h	ow each persor	ı listed above directs th	he management, control or ac	ctivities of the applicant. Attac	h more details, if necessary.					
		her business other than ocation and of any emp		) If yes, please describe the	e business, and provide the name and					
insurance other publ	company cancelic official or coion or refused to details).	eled any contract of en ourt ever suspended, ca	nployment or an appointmen anceled or revoked any licen	se or authority of any kind issu	producer for any reason, or has any ued to you to pursue any trade, calling m any public office or position? ( If					
Has any li a fine, per	censing author nalty or costs ag the date of act	gainst you for activities	es conducted pursuant to that		se issued to you or assessed or imposed the and address of the authority, the type ehalf of the authority).					
show caus complaint	Has any licensing authority ever conducted an investigation of you or initiated any administrative action, including but not limited to an order to show cause, against you? (If yes state, the name and address of the authority, the date of action, the type of license, and attach a copy of any complaint or order to show cause filed by or on behalf of such authority and any final orders issued in connection with the action).  Yes ( ) No ( )									
assignmer	Have you ever filed a voluntary petition or have you been involuntarily petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of, or any composition with your creditors? (If yes, attach details).  Yes ( ) No ( )									
	ever been unde	er guardianship or othe	er legal disability? (If yes, att	ach details).						
Is any cor general ag	s any company or producer claiming that you are now indebted to them for overdue collected insurance premiums or does any insured, agent, general agent, managing general agent, insurance company or broker claim you owe them money? (If yes, attach details).  Yes ( ) No ( )									
Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or pled <i>nolo contendere</i> or guilty to any violations of the criminal statues of any jurisdiction, or is any indictment, complaint, investigation or proceeding for any alleged violation of the criminal laws of any jurisdiction pending against you? (If yes, attach details).  Yes ( ) No ( )										
out of you or d) relat Yes ( )	Have you ever been named as a party in any civil suit which asserts claims, counterclaims or crossclaims against you which: a) relate to or arise out of your insurance or reinsurance business; or b) allege fraud, misrepresentation, larceny, or deceit; or c) allege violations of securities laws; or d) relate to or arise out of any financial service or planning activities? (If yes, attach details).  Yes ( ) No ( )									
Yes ( )	No ( )	· -		etails, i.e., court and date of ch	nange).					
			ee as a blind individual?e payable to the <b>Division of I</b>							

# 26. NONRESIDENT APPLICANTS

Pursuant to M.G.L. c. 175,  $\S$  177O(D)(2), I designate the Commissioner of Insurance as producer for service of process in the manner and with the same legal effect provided for by M.G.L. c. 175B for designation of service of process upon unauthorized insurers.

27. I have read and am familiar with the insurance laws of Massachusetts regarding insurance and the duties and obligations of reinsurance intermediaries. I intend to act and hold myself out and carry on business in good faith as a reinsurance intermediary producer or reinsurance intermediary manager. If this application is for a resident reinsurance intermediary application, I hereby verify that I will maintain an individual insurance producer license in the line(s) in which I intend to transact business as a reinsurance intermediary producer or manager. I hereby verify the foregoing answers and statements and declare they were made under the penalties of perjury.

At any time, if the above information changes, I will promptly notify your office.  This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth's insurance and tax laws.										
Dated at	this		day of		,YEAR					
full signature	,	Applicant		print name						

Please Note: This application must be signed by the applicant personally.